



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE
COVER PAGE

FILED
06 JUN 22 PM 3:18
CARNELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

FOR OFFICIAL USE ONLY

3. This Statement covers From: 1-1-06 To 6-22-06
Mo Day Year Mo Day Year

1. Committee I.D. Number

137553

2. Committee Name

EXCELLENCE IN EDUCATION

4. Committee's Mailing Address

30695 TENNESSEE
ROSEVILLE, MI 48066

Area Code and Phone 586 296-7374
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

LORI COOK

30695 TENNESSEE

ROSEVILLE, MI 48066

Area Code and Phone 586 296-7374

6. Treasurer's Business Address

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)

Area Code and Phone ()

Area Code and Phone ()

8. TYPE OF STATEMENT:

8a. ☐ PRE-ELECTION

OR

8b. ☒ POST-ELECTION

Pre-Election or Post-Election Statement relates to:

☐ PRIMARY

☐ GENERAL

☒ SCHOOL

☐ SPECIAL

Date of Election:

Month 5 - Day 2 - Year 06

8c. ☐ ANNUAL STATEMENT
(____ Coverage Year)

8d. ☐ QUALIFICATION
OR

☐ NON-QUALIFICATION
STATEMENT (Required of
State-wide Ballot Question
Committees Only)

Date of Qualification or Non-
Qualification:

Month ____ Day ____ Year ____

8e. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f to
indicate which Statement is being amended)

8f. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

Month ____ Day ____ Year ____

By checking this item, I certify that the
committee has no assets or outstanding debts,
including late filing fees. Note: The disposition
of residual funds must be reported on Schedule
4B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold.

If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or
Designated Record Keeper

Lorim Cook

Type or Print Name

Lorim Cook

Signature

Date 6-22-06
Month Day Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

SUMMARY PAGE
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name EXCELLENCE IN EDUCATION

RECEIPTS		Column I This Period	Column II Cumulative for Election Cycle
3. Contributions			
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$	<u>6801.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$		(18.) \$
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$	<u>6801.00</u>	(20.) \$
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$		
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$	<u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$		(21.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$	<u>6473.91</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$		
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$		
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$		
e. Subtotal of Expenditures	(8e.) \$	<u>6473.91</u>	(22.) \$
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$		(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$	<u>6473.91</u>	(24.) \$
IN-KIND EXPENDITURES			
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$		(25.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 4E)	(12a.) \$		
b. Owed to the Committee (Schedule 4E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>513.95</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) +	<u>6801.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =	<u>7314.95</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) -	<u>6473.91</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>841.04</u>	*

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Date of Receipt <u>1/30/06</u> Name: <u>Alumni Elementary PTO</u> Address: <u>29725 John J, Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$100.00	
3. Contribution # 2 4. Date of Receipt <u>1/30/06</u> Name: <u>Dort Elementary PTO</u> Address: <u>16225 Dort, Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$50.00	
3. Contribution # 3 4. Date of Receipt <u>1/30/06</u> Name: <u>Eastland Jr. High School PTO</u> Address: <u>18700 Frank St, Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$100.00	
3. Contribution # 4 4. Date of Receipt <u>1/30/06</u> Name: <u>Roseville Jr. High School PTO -</u> Address: <u>16250 Martin Rd, Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$200.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		\$450.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Date of Receipt <u>1/30/06</u> Name: <u>Roseville High School Band Boosters</u> Address: <u>17855 Common Rd, Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$100.00	
3. Contribution # 2 4. Date of Receipt <u>1/30/06</u> Name: <u>Roseville High School Booster Club</u> Address: <u>17855 Common Rd, Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$200.00	
3. Contribution # 3 4. Date of Receipt <u>1/30/06</u> Name: <u>Steenland, Joseph</u> Address: <u>31490 Kelly, Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$30.00	
3. Contribution # 4 4. Date of Receipt <u>1/30/06</u> Name: <u>Genest, Theresa</u> Address: <u>16631 Waterman, Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$30.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		\$360.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

131553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Date of Receipt <u>1/30/06</u> Name: <u>Francesconi, Alfredo</u> Address: <u>16444 Bowman, Roseville MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$30.00	
3. Contribution # 2 4. Date of Receipt <u>1/30/06</u> Name: <u>Hartwell, Judy</u> Address: <u>26271 Barbara, Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$30.00	
3. Contribution # 3 4. Date of Receipt <u>1/30/06</u> Name: <u>Eireichner, Robert</u> Address: <u>19328 Brandt, Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$30.00	
3. Contribution # 4 4. Date of Receipt <u>1/30/06</u> Name: <u>Frank, Mina</u> Address: <u>30840 Park, Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$30.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		\$120.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>4. Date of Receipt <u>1/30/08</u></p> <p>Name: <u>Miglio, Barbara</u></p> <p>Address: <u>26729 Kaiser, Roseville, MI 48066</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$30.00	
<p>3. Contribution # 2</p> <p>4. Date of Receipt <u>2/7/08</u></p> <p>Name: <u>Fountain Elementary PTO</u></p> <p>Address: <u>16850 Wellington, Roseville, MI 48066</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$100.00	
<p>3. Contribution # 3</p> <p>4. Date of Receipt <u>2/7/08</u></p> <p>Name: <u>Roseville Principals Association</u></p> <p>Address: <u>17855 Common Rd, Roseville, MI 48066</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$200.00	
<p>3. Contribution # 4</p> <p>4. Date of Receipt <u>2/7/08</u></p> <p>Name: <u>Muszall, Frederick</u></p> <p>Address: <u>19858 Woodview Dr, Clinton Twp, MI 48038</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$10.00	
<p>Page Subtotal)</p> <p>Grand Total of All Schedules 4A</p> <p>(Complete on last page of Schedule)</p>		\$340.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553
2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>DREYER, MICHAEL C.</u> Address: <u>28058 GINLEY, ROSEVILLE, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>2/7/06</u>	\$ 10.00	
3. Contribution # 2 Name: <u>STEENLAND, JOSEPH</u> Address: <u>31490 KELLY, ROSEVILLE, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTIGATOR</u> Employer <u>MACOMB CTY PROSECUTORS OFFICE</u> Business Address <u>COUNTY BUILDING, MT. CLEMENS, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>2/17/06</u>	\$ 100.00	\$ 130.00
3. Contribution # 3 Name: <u>ROSEVILLE FEDERATION OF TEACHERS, LOCAL 1071</u> Address: <u>17063 E. TEN MILE, EASTPOINTE, MI 48021</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>3/4/06</u>	\$ 2000.00	
3. Contribution # 4 Name: <u>De FELICE, LISA</u> Address: <u>15437 CURTIS, ROSEVILLE MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>3/14/06</u>	\$ 100.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		\$ 2210.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: PATTON ELEMENTARY PTO Address: 1851 McKINNON, ROSEVILLE MI 48066 4. Date of Receipt: 3/14/06 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ 100.00	
3. Contribution # 2 Name: JJ MICH. INC Address: P.O. BOX 680 ROSEVILLE, MI 48066 4. Date of Receipt: 3/14/06 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ 300.00	
3. Contribution # 3 Name: HURON PARK PTO Address: 18530 MARQUETTE ROSEVILLE, MI 48066 4. Date of Receipt: 4/1/06 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ 200.00	
3. Contribution # 4 Name: VASIL, REBECCA Address: 5314 YORKSHIRE DETROIT, MI 48224 4. Date of Receipt: 4/4/06 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ 100.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		\$ 700.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: SCHEFTER, TINA Address: 29540 JOHN J, ROSEVILLE MI 48066 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt 5/1/06	\$ 40.00	
3. Contribution # 2 Name: DEFENCE, LISA Address: 15437 CURTIS ROSEVILLE, MI 48066 5. If over \$100.00 cumulative, please provide: Occupation TEACHER Employer ROSEVILLE SCHOOLS Business Address 18530 MARQUETTE ROSEVILLE, MI 48066 Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt 5/1/06	\$ 50.00	\$ 150.00
3. Contribution # 3 Name: HEDEMARK, PETER Address: 19937 WOODCREST HARPER WOODS, MI 48225 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt 5/23/06	\$ 25.00	
3. Contribution # 4 Name: COMERICA Address: 28801 GROESBECK ROSEVILLE, MI 48066 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt 5/23/06	\$ 100.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		\$ 215.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1

4. Date of Receipt 3/18/06

Name: DINNING, DOUGLAS

Address: 3770 LAKE FOREST DR, STERLING HEIGHTS, MI 48314

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

\$ 100.00

3. Contribution # 2

4. Date of Receipt 5/1/06

Name: REMI-CLARK BUILDERS LLC

Address: 35123 WELLSTON AVE, STERLING HTS, MI 48312

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

\$ 100.00

3. Contribution # 3

4. Date of Receipt 5/1/06

Name: DALAN EWBANKS / STATE FARM INSURANCE

Address: 16937 12 MILE RD, ROSEVILLE, MI 48066

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

\$ 50.00

3. Contribution # 4

4. Date of Receipt 5/1/06

Name: JJ MICH. INC

Address: P.O. Box 680 ROSEVILLE, MI 48066

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

\$ 200.00

\$ 500.00

Page Subtotal)

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

\$ 450.00

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>Name: McPHERSON, CATHY</p> <p>Address: 1728 MANCHESTER Grosse Pointe Woods, MI 48236</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>4. Date of Receipt 4/28/06</p>	\$40.00	
<p>3. Contribution # 2</p> <p>Name: KMENT, JOHN</p> <p>Address: 23061 PETERSBURG EASTPOINTE, MI 48021</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>4. Date of Receipt 4/16/06</p>	\$75.00	
<p>3. Contribution # 3</p> <p>Name: PETRONG, PATRICK</p> <p>Address: 32935 HAGGERTY ROSEVILLE, MI 48066</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>4. Date of Receipt 4/16/06</p>	\$30.00	
<p>3. Contribution # 4</p> <p>Name: SMITH, ROSEMARIE</p> <p>Address: 27521 BOHN ROSEVILLE, MI 48066</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>4. Date of Receipt 4/28/06</p>	\$30.00	
<p>Page Subtotal)</p> <p>Grand Total of All Schedules 4A</p> <p>(Complete on last page of Schedule)</p>		\$175.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>4/20/06</u>		
Name: <u>LAFOG, MICHAEL</u>			
Address: <u>36610 25 MILE RD, NEW BALTIMORE MI, 48047</u>		\$30.00	
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2	4. Date of Receipt <u>4/21/06</u>		
Name: <u>STEEHANS, JON</u>		\$30.00	
Address: <u>53039 BAYBERRY MACOMB MI 48042</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	4. Date of Receipt <u>4/15/06</u>		
Name: <u>LUTOSTANSKI, THOMAS</u>		\$40.00	
Address: <u>36532 IDAHO DR STERLING HTS. MI 48312</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	4. Date of Receipt <u>4/20/06</u>		
Name: <u>GEISE, LINDA</u>		\$50.00	
Address: <u>3529 MARC DR STERLING HTS, MI 48310</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
Page Subtotal)		\$150.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)			



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

131553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>4. Date of Receipt <u>4/28/06</u></p> <p>Name: <u>McBUIRE, KAREN</u></p> <p>Address: <u>11183 BAY SHORE Ct CLARKSTON, MI, 48348</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$40.00	
<p>3. Contribution # 2</p> <p>4. Date of Receipt <u>4/28/06</u></p> <p>Name: <u>O'KRAY MARTHA</u></p> <p>Address: <u>49849 HIDDEN VALLEY MACOMB TWP, MI, 48044</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$50.00	
<p>3. Contribution # 3</p> <p>4. Date of Receipt <u>4/16/06</u></p> <p>Name: <u>ANTOINE, MICHAEL</u></p> <p>Address: <u>12109 PARKSIDE Ct WASHINGTON TWP, MI, 48094</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$40.00	
<p>3. Contribution # 4</p> <p>4. Date of Receipt <u>4/20/06</u></p> <p>Name: <u>YOUNG, LORETTA</u></p> <p>Address: <u>35723 DEVEREAUX CLINTON TWP, MI, 48035</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$40.00	
<p>Page Subtotal)</p> <p>Grand Total of All Schedules 4A</p> <p>(Complete on last page of Schedule)</p>		\$170.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>4/20/06</u>		
Name: <u>QUADROZZI, CAROLE</u>			
Address: <u>56 BELLEVUE MT CLEMENS, MI 48043</u>		\$50.00	
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2	4. Date of Receipt <u>4/20/06</u>		
Name: <u>GOETHALS, DEBORAH</u>			
Address: <u>47266 WARWICK CT SHELBY TWP, MI 48315</u>		\$50.00	
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	4. Date of Receipt <u>4/21/06</u>		
Name: <u>MASSEY, DANIEL</u>			
Address: <u>29530 ROSEMONT ROSEVILLE, MI 48066</u>		\$40.00	
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	4. Date of Receipt <u>4/21/06</u>		
Name: <u>RENSHAW, MARK</u>			
Address: <u>29600 RUTHDAL ROSEVILLE, MI 48066</u>		\$40.00	
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
Page Subtotal)		\$180.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)			

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: AIUTO, SINNIE Address: 18235 MARQUETTE ROSEVILLE MI 48066 4. Date of Receipt 4/17/06 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$40.00	
3. Contribution # 2 Name: BARBRET, FRED Address: 27844 BOHN ROSEVILLE, MI 48066 4. Date of Receipt 4/20/06 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$35.00	
3. Contribution # 3 Name: SWITANOWSKI, KEVIN Address: 29256 COMMONWEALTH ROSEVILLE, MI 48066 4. Date of Receipt 4/19/06 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$45.00	
3. Contribution # 4 Name: VAN HOUTEN, DAVID Address: 19100 WARWICK BEVERLY HILLS, MI 48025 4. Date of Receipt 4/25/06 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$50.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		\$170.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>4/15/06</u>		
Name: <u>BOETRINGER, CARMEN</u>		\$ <u>35.00</u>	
Address: <u>30505 HIDDEN PINES DR ROSEVILLE, MI 48066</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation _____	Employer _____		
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2	4. Date of Receipt <u>4/16/06</u>		
Name: <u>HAUGH, HAROLD</u>		\$ <u>26.00</u>	
Address: <u>19464 CANDLELIGHT ROSEVILLE, MI 48066</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation _____	Employer _____		
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	4. Date of Receipt <u>4/28/06</u>		
Name: <u>VARBLOW, CLAUDIA</u>		\$ <u>50.00</u>	
Address: <u>26800 KOERBER. ST CLAIR SHORES, MI 48081</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation _____	Employer _____		
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	4. Date of Receipt <u>4/29/06</u>		
Name: <u>SKIDMORE, DAVID</u>		\$ <u>40.00</u>	
Address: <u>14341 BERKSHIRE RIVERVIEW, MI 48192</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation _____	Employer _____		
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
Page Subtotal)		\$ <u>145.00</u>	
Grand Total of All Schedules 4A (Complete on last page of Schedule)			



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>Name: <u>MCCARTNEY, MATT</u></p> <p>Address: <u>27861 BRINKER</u></p> <p>4. Date of Receipt: <u>4/29/06</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p><u>ROSEVILLE, MI</u></p> <p><u>48066</u></p>	<p>\$ <u>25.00</u></p>	
<p>3. Contribution # 2</p> <p>Name: <u>CHASEMAN, JUDY</u></p> <p>Address: <u>21717 LAKESHIRE</u></p> <p>4. Date of Receipt: <u>4/30/06</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p><u>ST. CLAIR SHORES, MI</u></p> <p><u>48081</u></p>	<p>\$ <u>25.00</u></p>	
<p>3. Contribution # 3</p> <p>Name: <u>JORDAN, SOPHIE</u></p> <p>Address: <u>2396 HICKORY GLEN</u></p> <p>4. Date of Receipt: <u>4/16/06</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p><u>BUMFELD HILLS, MI</u></p> <p><u>48304</u></p>	<p>\$ <u>75.00</u></p>	
<p>3. Contribution # 4</p> <p>Name: <u>BOELSTER, KARA</u></p> <p>Address: <u>28749 HOLLYWOOD</u></p> <p>4. Date of Receipt: <u>4/20/06</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p><u>ROSEVILLE, MI</u></p> <p><u>48066</u></p>	<p>\$ <u>20.00</u></p>	
<p>Page Subtotal)</p> <p>Grand Total of All Schedules 4A</p> <p>(Complete on last page of Schedule)</p>		<p>\$ <u>146.00</u></p>	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137653

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: COOK, LORI Address: 30695 TENNESSEE 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt 4/21/06 ROSEVILLE, MI 48066	\$ 30.00	
3. Contribution # 2 Name: ALEXANDER, DENNIS Address: 25981 ACACIA 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt 4/13/06 SOUTHFIELD, MI 48034	\$ 40.00	
3. Contribution # 3 Name: WILSON, WARREN Address: 30631 HIDDEN PINES 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt 4/20/06 ROSEVILLE, MI 48066	\$ 40.00	
3. Contribution # 4 Name: WITTING, CHERYL Address: 17926 COMMON RD 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt 4/20/06 ROSEVILLE, MI 48066	\$ 30.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		\$ 140.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>4. Date of Receipt <u>4/20/06</u></p> <p>Name: <u>ZALEWSKI, MARILYN</u></p> <p>Address: <u>29070 PINEHURST ROSEVILLE, MI 48066</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$30.00	
<p>3. Contribution # 2</p> <p>4. Date of Receipt <u>4/16/06</u></p> <p>Name: <u>BLASZKOWSKI, MARK</u></p> <p>Address: <u>14569 ROYAL STERLING HTS. MI 48312</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$40.00	
<p>3. Contribution # 3</p> <p>4. Date of Receipt <u>4/16/06</u></p> <p>Name: <u>STEENLAND, MICHAEL</u></p> <p>Address: <u>28647 GROVELAND ROSEVILLE, MI 48066</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$25.00	
<p>3. Contribution # 4</p> <p>4. Date of Receipt <u>4/16/06</u></p> <p>Name: <u>CHESHER, DAN</u></p> <p>Address: <u>18253 MANORWOOD NORTH CLINTON TWP, MI 48038</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$25.00	
<p>Page Subtotal)</p> <p>Grand Total of All Schedules 4A</p> <p>(Complete on last page of Schedule)</p>		\$120.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>7/16/06</u>		
Name: <u>COVERT, JAKE</u>			
Address: <u>16701 BETTMAR</u>	<u>ROSEVILLE, MI 48066</u>	\$ <u>30.00</u>	
5. If over \$100.00 cumulative, please provide:			
Occupation _____	Employer _____		
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2	4. Date of Receipt <u>7/17/06</u>		
Name: <u>WHITE, BRENT</u>		\$ <u>25.00</u>	
Address: <u>28531 JAHNS</u>	<u>ROSEVILLE, MI 48066</u>		
5. If over \$100.00 cumulative, please provide:			
Occupation _____	Employer _____		
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	4. Date of Receipt <u>7/16/06</u>		
Name: <u>CROW, DAN</u>		\$ <u>40.00</u>	
Address: <u>11285 HANOVER</u>	<u>WARREN, MI 48093</u>		
5. If over \$100.00 cumulative, please provide:			
Occupation _____	Employer _____		
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	4. Date of Receipt <u>7/23/06</u>		
Name: <u>GARDNER, REBECCA</u>		\$ <u>30.00</u>	
Address: <u>11171 DIAMOND</u>	<u>STERLING HTS, MI 48314</u>		
5. If over \$100.00 cumulative, please provide:			
Occupation _____	Employer _____		
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
Page Subtotal)		\$ <u>125.00</u>	
Grand Total of All Schedules 4A (Complete on last page of Schedule)			



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>4/14/06</u>		
Name: <u>HEBERT, WILLIE</u>			
Address: <u>25620 CHALMERS</u>	<u>ROSEVILLE MI, 48066</u>	\$40.00	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2	4. Date of Receipt <u>4/16/06</u>		
Name: <u>JAMES, MICHEL</u>		\$30.00	
Address: <u>35738 UNION LAKE</u>	<u>HARRISON TWP, MI 48045</u>		
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	4. Date of Receipt <u>4/22/06</u>		
Name: <u>KEPLER, IRENE</u>		\$50.00	
Address: <u>27344 LEROY</u>	<u>ROSEVILLE, MI 48066</u>		
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	4. Date of Receipt <u>4/16/06</u>		
Name: <u>LIPINSKI, TONY</u>		\$40.00	
Address: <u>19385 ROCKPORT</u>	<u>ROSEVILLE, MI 48066</u>		
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
Page Subtotal)		\$160.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)			

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>4/16/06</u>		
Name: <u>SCHULTZ, DAN</u>		\$ <u>40.00</u>	
Address: <u>41225 WOODVIEW CT CLINTON TWP, MI 48038</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2	4. Date of Receipt <u>4/16/06</u>		
Name: <u>TAYLOR, RICHARD</u>		\$ <u>40.00</u>	
Address: <u>28734 HOLLYWOOD ROSEVILLE, MI 48066</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	4. Date of Receipt <u>5/1/06</u>		
Name: <u>HOORT, LATONYA</u>		\$ <u>30.00</u>	
Address: <u>19215 MARTIN ROSEVILLE, MI 48066</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	4. Date of Receipt <u>4/28/06</u>		
Name: <u>LAVA, DAN</u>		\$ <u>30.00</u>	
Address: <u>26630 OAK ROSEVILLE, MI 48066</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
Page Subtotal)		\$ <u>140.00</u>	
Grand Total of All Schedules 4A (Complete on last page of Schedule)			

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1

4. Date of Receipt

4/25/06

Name:

HART, CARMEL

Address:

26017 RONALD

ROSEVILLE, MI
48066

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

\$
20.00

3. Contribution # 2

4. Date of Receipt

Name:

Address:

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 3

4. Date of Receipt

Name:

Address:

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 4

4. Date of Receipt

Name:

Address:

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal)

Grand Total of All Schedules 4A
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\$20.00
\$6801.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number

137553

2. Committee Name

Excellence in Education

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name: <u>Virginia Aiuto</u> Address: <u>18235 Marquette</u> <u>Roseville, MI 48066</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input checked="" type="checkbox"/> Fund Raiser	4. Purpose: <u>reimburse fundraising purchase items for</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>3/2/06</u>	<u>\$ 383.89</u>	
Expenditure # 2 Name: <u>Staples Office Supply</u> Address: <u>31900 Gratiot</u> <u>Roseville, MI 48066</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>supplies for mailing</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>3/24/06</u>	<u>\$ 99.03</u>	
Expenditure # 3 Name: <u>Detroit's Advertising</u> <u>Xpress, Inc Floor 3</u> Address: <u>7600 Chrysler Dr. Bld 2</u> <u>Detroit, MI 48211</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>mailing brochures</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>3/25/06</u>	<u>\$ 609.50</u>	
Expenditure # 4 Name: <u>Postmaster of Roseville</u> Address: <u>30550 Gratiot</u> <u>Roseville, MI 48066</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>postage</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>3/25/06</u>	<u>\$ 500.00</u>	

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Grand Total of Schedules 4B
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\$1592.42

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number

137553

2. Committee Name

Excellence in Education

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name: <u>DETROIT ADVERTISING XPRESS</u> Address: <u>(SEE ABOVE)</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>REMINDER CARDS</u> 5. Ballot Proposal: <u>BOND</u> County: <u>MACOMB</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4/4/06	\$ 540.60	\$ 1150.10
Expenditure # 2 Name: <u>POSTMASTER OF ROSEVILLE</u> Address: <u>(SEE ABOVE)</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>POSTAGE</u> 5. Ballot Proposal: <u>BOND</u> County: <u>MACOMB</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4/10/06	\$ 637.66	\$ 1137.66
Expenditure # 3 Name: <u>POSTMASTER OF ROSEVILLE</u> Address: <u>(SEE ABOVE)</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>POSTAGE</u> 5. Ballot Proposal: <u>BOND</u> County: <u>MACOMB</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4/21/06	\$ 2080.00	\$ 3217.66
Expenditure # 4 Name: <u>COLLEEN MCCARTNEY</u> Address: <u>27861 BRINKER</u> <u>ROSEVILLE, MI 48066</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>POSTAGE, REFRESHMENTS</u> <u>FOR SENIOR CITIZENS</u> 5. Ballot Proposal: <u>BOND</u> County: <u>MACOMB</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4/24/06	\$ 691.96	

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\$ 3950.22

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

107553

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number

2. Committee Name

Wellness in Education

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name: POSTMASTER OF ROSEVILLE Address: (SEE ABOVE) <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: POSTAGE 5. Ballot Proposal: BOND County: MACOMB <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4/25/06	\$ 74.00	\$ 3291.66
Expenditure # 2 Name: LYNN HUTCHISON Address: 5900 TALL OAK WAY BRIGHTON, MI 48116 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: REFRESHMENTS 5. Ballot Proposal: BOND County: MACOMB <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	5/2/06	\$ 23.00	
Expenditure # 3 Name: BRENT WHITE Address: 28531 JAHNS ROSEVILLE, MI 48066 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: REIMBURSEMENT - WEB SITE EXPENSES 5. Ballot Proposal: BOND County: MACOMB <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	5/2/06	\$ 89.20	
Expenditure # 4 Name: JAKE COVERT Address: 16701 BETTMAR ROSEVILLE, MI 48066 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: OFFICE SUPPLY - RUBBER STAMP 5. Ballot Proposal: BOND County: SUPPORT <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4/24/06	\$ 48.14	

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\$ 234.34

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number

137553

2. Committee Name

Excellence in Education

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name: <u>REBECCA VASIL</u> Address: <u>5314 YORKSHIRE</u> <u>DETROIT, MI 48224</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>REC DEPT RENTAL,</u> <u>REFRESHMENTS</u> 5. Ballot Proposal: <u>BOND</u> County: <u>MACOMB</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>5/11/06</u>	<u>\$ 196.93</u>	
Expenditure # 2 Name: <u>MACOMB COUNTY CLERK</u> Address: <u>40 NORTH MAIN</u> <u>MT. CLEMENS, MI 48043</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>FINE - 2004 ANNUAL</u> <u>REPORT</u> 5. Ballot Proposal: <u>BOND</u> County: <u>MACOMB</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>5/31/06</u>	<u>\$ 500.00</u>	
Expenditure # 3 Name : Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 4 Name : Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			

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\$ 696.93

\$ 6473.91

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number _____

2. Committee Name _____

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name : Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 2 Name : Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 3 Name : Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 4 Name : Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number _____

2. Committee Name _____

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name : Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 2 Name : Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 3 Name : Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 4 Name : Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			

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